



<p align="center"><b>SURROGATE PARENTS</b></p>	
------------------------------------------------	--

Has the district used surrogate parents during the current or previous school year?  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Initials	Birthdate	Gender	Special Education Teacher / Speech-Language Pathologist	OPI Use Only
-----------------	--------------	----------	-----------	--------	---------------------------------------------------------	--------------

[illegible]

## PRIVATE SCHOOLS

Does the district currently provide special education and related services to students who are enrolled in private schools, including students who are home schooled? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

School Building	Student Name	Ln	ᄒ ᄒ	ᄒ	Special Education
-----------------	--------------	----	-----	---	-------------------

[illegible]

## AVERSIVE TREATMENT PROCEDURES

Does the district currently use aversive treatment procedures (as defined in ARM 10.16.3346) with students with disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]

## MANIFESTATION DETERMINATION

Has the district conducted manifestation determination reviews for students with disabilities during the current or previous school year? \_\_\_\_\_ Yes

\_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]



## EXPULSION OF STUDENTS WITH DISABILITIES

Has the district expelled any students with disabilities for seven school days or more during the current school year?             Yes             No

(If yes, please identify these students below or on additional pages.)

[illegible]

## HIGH SCHOOL GRADUATES DURING THE PAST YEAR

Has the district graduated high school students with disabilities with a regular high school diploma in the previous school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]



## EXITED STUDENTS

Have any district students returned to regular education as a result of having met the objectives of their IEP during the current or previous school Year? These are students who no longer have an IEP and are receiving all their educational services from a general educational program.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, Please identify these students below or on additional pages.)

\_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, Please identify these students below or on additional pages.)

(If yes, Please identify these students below or on additional pages.)

[illegible]

3-YEAR-OLD AND YOUNGER CHILDREN
---------------------------------

Has the Part C (Infant and Toddler Program) referred children for Part B eligibility determination prior to the child turning age 3 in the current or previous school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]

### STUDENTS WHO HAVE HAD CST AND IEP MEETINGS DURING THE CURRENT SCHOOL YEAR

Please identify below all students who have had a Child Study Team and/or IEP meeting (annual or initial) during the current school year.

(You do not need to include students who were initially evaluated for special education services in the current school year and found to be not eligible for services under the IDEA. They are identified on the SWUC form.)

[illegible]